



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 4438

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER 10/082,017 | FILING DATE 02/25/2002 RULE | CLASS 606 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. G-4 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------|

APPLICANTS

Scott A. Ciarrocca, Stockton, NJ;

Francois Antounian, San Francisco, CA;
Jean Woloszko, Mountain View, CA; Robert H. Dahla, Sunnyvale, CA;**** CONTINUING DATA *******

This appln claims benefit of 60/326,664 10/02/2001
 and is a CIP of 09/780,745 02/09/2001 PAT 6,770,071
 which claims benefit of 60/182,751 02/16/2000
 and is a CIP of 09/162,117 09/28/1998 PAT 6,117,109
 which is a CIP of 08/977,845 11/25/1997 PAT 6,210,402
 which is a CIP of 08/562,332 11/22/1995 PAT 6,024,733
 and is a CIP of 09/041,934 03/13/1998 PAT 6,391,025
 which is a CIP of 08/485,219 06/07/1995 PAT 5,697,281
 This application 10/082,017
 claims benefit of 60/299,094 06/18/2001
 and claims benefit of 60/062,996 10/23/1997

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/09/2002

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 63 | TOTAL CLAIMS 124 | INDEPENDENT CLAIMS 8 |
|--|--|---------------------------|-------------------------|------------------------|----------------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | | | | |
| Verified and Acknowledged Examiner's Signature | Allowance Initials | | | | |

ADDRESS

021394
 ARTHROCARE CORPORATION
 680 VAQUEROS AVENUE
 SUNNYVALE , CA
 94085-3523

TITLE

Electrosurgical apparatus and methods for cutting tissue

FILING FEE

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

RECEIVED
3032

- All Fees
- 1.16 Fees (Filing)
- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit